

**REVOCATION OF POWER OF  
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/064220
Filing Date	June 21, 2002
First Named Inventor	Mindi Xu
Art Unit	3754
Examiner Name	Joseph A. Kaufman
Attorney Docket Number	Serie 5730

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 000040582

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
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**OR**

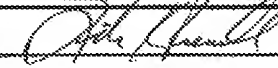
<input checked="" type="checkbox"/> Firm or Individual Name	Air Liquide - Linda K. Russell				
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**I am the:**

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Linda K. Russell, Reg. No., 34,918		
Date	7/8/2006	Telephone	713.624.8956

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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